P/3000072740

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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13 AUG 29 AM 9: 05
SECRETARY OF STATE
SECRETARY OF STATE

09/05/13

AUGUST 30, 2013

Florida Department of State

Attention: New Fillings Section

To whom it may concern:

This is to advise you that the owners of ZUNA SEGUROS CA CORP

Of Doc # P1200008943Z are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for you help in this matter.

Very sincerely

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: ZUN | MA SEGUROS (| | |
|----------------------|--|--|---|
| | (PROPOSED CORPORA | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the art | ticles of incorporation and | d a check for: |
| \$70.00 Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED |
| FROM: J (| OSE PEREZ | | |
| 1 KOM. | Name | e (Printed or typed) | |
| 73 | 325 NW 36TH S | T | |
| | | Address | |
| M | IAMI FL 33166 | | |
| | City, | , State & Zip | |
| (3 | N5) 200-8657 | | |

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

master@jpgbusiness.com
E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| The name of the corpor | ME ZUMA SEGUROS | | |
|--|--|--|---|
| ARTICLE II PRINCIPAL OFFICE Principal street address 5825 NW 74TH AVE | | Mailing address, if different is: 5825 NW 74TH AVE | |
| MIAMI FL 33 | 166 | MIAMI FL 3 | 3166 |
| ARTICLE III PUT The purpose for which | RPOSE the corporation is organized is: | D ALL LAWFUL | BUSINESS |
| | | | |
| ARTICLE IV SH The number of shares of the number | ITIAL OFFICERS AND/OR DIRECTORS PAMESTY CIRO F | Name and Title: | 13 AUG 29 AM 9: SECNETARY OF STALLAHASSEE, FLO |
| Address | 5825 NW 74TH AVE MIAMI FL 33166 | Address: | 05 A |
| Name and Titl | 5825 NW 74TH ΔVF | Name and Title: | |
| Address | MIAMI FL 33166 | | |

| Name and Title: | | Name and Title: | |
|---|--|---|--|
| Address | | Address: | |
| ARTICLE VI | REGISTERED AGENT | | |
| The name and Flo | rida street address (P.O. Box NOT acceptable) o | of the registered agent is: | |
| Name: | JP GLOBAL BUSINESS SOLUTIONS, INC | | |
| Address: | 7325 NW 36TH ST | | |
| _ | MIAMI FL 33166 | | |
| | INCORPORATOR | 9 AM 9: 05 KY OF STATE SEE. FLORID | |
| The <u>name and address</u> of the Incorporator is: | | ₹4 o | |
| Name: | AMESTY, CIRO E | 96 53 2 | |
| Address: | 5825 NW 74TH AVE MJAMI FL 33166 | _ | |
| | m familiar with and accept the appointment as re | s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity [3] 2 2/3 | |
| | Required Signature/Registered Agent | / Date/ | |
| | ment and affirm that the facts stated herein are epartment of State constitutes a third degree felor MUU Required Signature/Incorporator | true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S. Dake | |